

# **West Allis Children's Center, Inc.**

## **Parent Handbook**

### **Welcome To Our Family**

**We realize that choosing a quality child care program for your child is a necessity. Therefore, we are pleased that you have entrusted our staff with the care of your child. You may rest assured that we will do our best to make the most of their days while you are away.**

**Thank you for the opportunity to grow with your child.**

### ***Admissions***

West Allis Children's Center, Inc. is a State of Wisconsin licensed child care facility. All children, without discrimination on the basis of race, religion, or handicap, are welcome at the center. Parents are required to visit the center prior to enrollment to ensure the environment is beneficial to the child's individual needs. The Center Director is available to parents to ensure their child's success within the program.

Upon enrollment in the program, the following forms must be completed prior to enrollment: child record, child's health history, infant intake form, food program authorization, and any other form relating to a child's individual needs. The immunization record must be completed within 30 days of enrollment. The child health report must be completed within 90 days of enrollment. All forms and child information will be held in confidence.

We believe that parents shall be informed of the State of Wisconsin's regulations for child care centers and our continued compliance of them. Therefore, all parents will receive a summary of the licensing regulations. In addition, our State of Wisconsin child care license and compliance record is available in the designated parent information area. In this area, you will find other information such as notices, newsletters, health alerts, etc.

Upon enrollment, the parents and the center are given a 30-day trial period to ensure the center is beneficial to the child and the other children in the center. During this period, the parents and the center are not required to give notice of disenrollment.

### ***Authorized/Unauthorized Child Pick-Up***

It is our policy that any person who wishes to pick up a child from our center shall provide identification to ensure they are authorized. This may be done repeatedly until all staff members are familiar with the contacts you have authorized. Our center reserves the right to not release children to anyone who appears impaired by drugs, alcohol, or mental state.

In custody cases, we do require a written court order specifying the guidelines set forth.

### ***Child Abuse & Neglect Prevention/Protection***

Wisconsin State Law requires all child care staff to report any suspected abuse and neglect of children. The staff of the center is trained to keep a log of all unusual bruises, contusions, lacerations, or burns received in and out of the center. The staff will then report the suspected abuse/neglect to the program Administrator and Director who will contact the proper authorities.

### ***Child Guidance***

Our staff takes a positive approach to discipline. Each child in our care should experience success throughout his/her days with us. We strive for classroom settings that provide children with opportunities to explore their environment within consistent, age-appropriate limits. In this atmosphere, most behavior issues are prevented.

As children develop, it is normal for them to test their limitations. By using the following progressive guidance techniques, we strive to minimize inappropriate behavior while creating a positive environment for all of our children.

#### Classroom Management

Our teachers will manage individual classrooms using the items highlighted below.

- ▽ Modeling and reinforcing appropriate behavior.
- ▽ Maintaining consistent supervision.
- ▽ Setting reasonable expectations for children's behavior based on their developmental levels and individual differences.
- ▽ Becoming familiar with an individual child's special needs.
- ▽ Providing interesting, challenging, age-appropriate activities.

#### Ignoring Inappropriate Behavior

In some cases negative behavior is produced by a child to get attention. It can be reduced when the child does not get the attention desired. We will utilize this technique unless a safety issue is involved.

#### Redirection/Distraction

We will offer alternatives to children engaged in undesirable behavior by offering a different toy, suggesting a new activity, engaging the child in an activity with a teacher or another child, or by suggesting independent play.

#### Verbal Intervention

The teacher explains to the child the inappropriate behavior and shows him/her the appropriate way to resolve his/her conflict. For example, a teacher might say, "instead of hitting Sarah, say 'I am angry

because you took my truck”.

### Logical Consequences

The teacher helps the child understand the logical consequences of his/her actions by removing the object or activity that is causing the problem. For example, if a child uses blocks to hit other children, the consequence is to remove the child from the block area.

### Take a Break

The child is separated from the group to allow him/her to relax, calm down, and to enable him/her not to be influenced by peers. The process used for “Take a Break” is as follows:

- ∇ The child is assisted to an area in the room where he/she can be supervised at all times. The child will have access to activities and materials while in “Take a Break”.
- ∇ If “Take a Break” occurs two or more times in one day, parents will be notified when the child is picked up at the end of the day.
- ∇ The child may return to the group as soon as the negative behavior stops or is significantly reduced.
- ∇ “Take a Break” will not be used for children under the age of 3 years; instead, redirection, emotional appeal, or distraction techniques will be used.
- ∇ If “Take a Break” is not working effectively, the Inappropriate Behavior Policy will be in effect.

### Guidelines for Persistent Inappropriate Behavior

Persistent inappropriate behavior is any inappropriate behavior which continues after the progressive guidance steps have been used, any behavior which threatens the health or safety of other children or staff, or a continuous inability to conform to the rules and guidelines of our program.

Steps of progressive procedures:

1. We will observe and record the child’s inappropriate behavior.
2. We will document what we have done to try to change the behavior.
3. If inappropriate behavior continues, parents will be asked to participate in an immediate parent-teacher conference. Children old enough to understand this process will be encouraged to attend. A specific action plan will be developed at this conference to address the behavior. The action plan will outline all steps the staff will take to try to change the behavior, all steps the parents will take, and all steps toward disenrollment if the behavior persists.
4. The Director/Administrator may suggest outside resources to parents, and we will work with any outside resource for further guidance in responding to the child’s behavior.
5. If the inappropriate behavior continues, parents will be asked to limit the child’s time at the center to ensure that the child can go home each day experiencing success.
6. If the inappropriate behavior persists after the above steps have been completed, the child may be disenrolled.

### Guidelines for Immediate Disenrollment

The center may immediately disenroll a child for any behaviors that may cause significant risk of harm to the health and safety of other children or staff. Examples of harmful behaviors are a physical assault which results in serious bodily injury, an attempted assault (which if completed, would result in serious bodily injury) setting or attempting to set fires, bringing weapons, or substantial damage to real or

personal property, etc.

### Other Forms of Discipline

Our policy does not permit the use of the following forms of discipline:

- Corporal punishment.
- Emotional punishment that includes ridicule, embarrassment, or humiliation.
- Punishing a child for lapses in toilet training habits.
- Withholding food, light, warmth, clothing, or medical care.
- Physical restraint, other than the restraint necessary to protect a child or others from harm.

### **Education**

Activities will be developmentally-appropriate, play-based, exploratory, and FUN!!! By using the High Reach Curriculum, developmentally appropriate practices, and active learning principles, our children will learn values, manners, problem solving, and personal choice responsibility. Weekly themes will make learning fun, and they will allow your child to experience new horizons. Special program enrichments may include cooking projects, sand/water play, art projects, computer use, and community field trips. Our activities will include experiences that will:

- ✓ Encourage use and development of language
- ✓ Develop large and small muscle skills
- ✓ Encourage creativity and imaginative play
- ✓ Develop a positive self-image
- ✓ Provide indoor and outdoor play
- ✓ Provide active and quiet activities
- ✓ Provide group and individual activities
- ✓ Provide free-play periods
- ✓ Increase cultural awareness

Routines are an important part of our days at the center. Through consistent routines, we teach the importance of table manners, toileting, hand-washing, and self-control. Although infants and toddlers are encouraged to eat, sleep, and develop on their own schedules, routines will also be an important part of their days. Daily routines such as toileting and eating will be done in small groups to avoid children standing in lines for lengthy periods of time. Transition periods between activities will be expeditious with children anticipating the next activity. A complete schedule outlining our daily activities is located in each classroom.

Our small-classroom settings allow teachers to give children the individual attention they need; however, children who arrive early and remain late will be part of all-age groups to accommodate staff scheduling (During these periods, an additional adult will be available within 5 minutes of the center). State staffing ratios will still remain in effect.

In effort to celebrate our diverse cultures and holidays, our center will allow children to discuss and share their particular culture. In addition, our teachers may share information on cultures around the world while using a broad non-biased approach .

The center may use educational videos as part of the curriculum. If a child chooses not to watch an educational video, an alternative activity will be available for him/her.

## ***Evacuation & Emergency***

If the event of an emergency requiring evacuation, any staff member will sound the alert by activating any pull station within the center. This activation will alert the City of West Allis' emergency personnel. The supervisor will inspect the building to ensure everyone has been evacuated and personally alert the local authorities and the Department of Health and Family Services.

In the event of a fire, children will be escorted outside through the nearest exit. In the event of a tornado, children will be escorted to the lowest level of the building with the least amount of windows. Staff shall follow evacuation routes are posted in each classroom. Staff shall carry a class attendance sheet and emergency contacts at all times to ensure the safety of all children.

***In the event a child should become lost, the center director will notify the authorities and the parent(s) of the child immediately.***

***In the event a child should need emergency medical attention, the center director will call 911 to escort the child to the nearest emergency medical facility. Parents will be called immediately after child's emergent medical needs are met.***

The center may close in the event of a snow, power, weather, heating, or water emergency, as we must provide children a safe environment with a controlled temperature of at least 67 degrees. Parents will be informed of the close prior to the center opening at 6:00 a.m. For snow emergency, parents may tune into WTMJ, channel 4 for closure information.

## ***Field Trips***

All trips will be planned with parental consent. The trip costs are the responsibility of the parent. Children may attend trips by way of center van, private bus service, or county bus service. Prior to children attending field trips, parents will be given complete information about the trip. Parent permission and signature is required for children to attend any trips.

## ***General Information***

The center offers quality care for 164 children ages 6 weeks through 12 years old. The center operates 12 months per year, Monday through Friday from 6:00am until 12:00am. Full-time and part-time hours are accepted, depending on the schedule of the children currently enrolled. Children may attend the center a maximum of 12 hours per day. *Extra non-scheduled days may be available if approved by the Director the day before care is needed.*

The center will be closed for following holidays: New Years Day, Memorial Day, Fourth of July, Labor Day, Thanksgiving, and Christmas Day. Tuition charges will occur on these holidays unless "day off vouchers" are redeemed. To observe holidays that fall on a weekend, the center may be closed on a Friday or Monday to accommodate.

## ***Health & Safety***

Any injury or evidence of unusual bruises, contusions, lacerations, or burns received in or out of the center will be noted in a medical logbook and parents shall be notified.

An ill child with symptoms such as fever over 101 degrees, vomiting, diarrhea, unknown rash, etc., shall be moved to a separate room or area. The parent or emergency contact shall be notified and arrangements shall be made to remove the child from the center within 1 hour. **All children who are sent home ill shall remain out of the center for at least 24 hours, be symptom-free, or until physician's approval.** If the child has a reportable communicable disease such as Chicken Pox, German Measles, Infectious Hepatitis, Measles, Mumps, Scarlet Fever, or Meningitis, the local public health official and parents of the enrolled children at the center shall be notified. We will use Department of Health & Human Services and physician recommendations into consideration when allowing children recovering from illness to return to the center. All health notifications are available for viewing in our parent check-in area.

### ***Insurance***

The center carries a liability insurance policy, which includes general and medical liability coverage. Any injuries that occur on our premises are not the responsibility of the center, unless it is due to the center's negligence.

### ***Leave of Absence***

Due to a variety of circumstances, families sometimes need to take time off from the center for extended periods of time. If any family needs to take a leave of absence for a period of time extending more than 2 weeks, they may pay a "leave of absence fee". This fee will allow families to take time off without losing their enrollment status. Upon disenrollment, "leave of absence fee" will not apply.

### ***Medical Conditions***

In the classroom handbook, teachers shall find a list of children's allergies and medical conditions. It is the responsibility of each teacher to ensure children's safety by becoming familiar with each child's individual needs. Teachers shall precisely follow each child's care plan.

### ***Medication***

Medication may be administered to your child by our staff by completing a permission slip. Medication administration must meet the following criteria:

- ▽ Stored in the original container labeled with child's name
- ▽ Appropriate for child's age and weight
- ▽ Administered before expiration date
- ▽ Prescription medication must have child's information on label

### ***Nap/Quiet Time***

Due to the variety of sleeping needs, infants are allowed to sleep on their own schedule. Toddlers will also be allowed to sleep on their own schedule while trying to establish some routine along the way.

Preschool children will participate in quiet time. Although each child's napping routine is different, they are required to have at least 30 minutes of rest period. If your child does not nap, he/she must remember that others will be napping and quiet time activities may be done after the 30 minute rest period.

### ***Nutrition – Infants & Young Toddlers***

Each Infant shall receive consistent, daily nourishment in a gentle and caring environment. The center provides formula, baby cereal, and baby food to all Infants. Parents wishing to supply their own breast milk, baby cereal, and baby food are welcome to do so.

It is our promise that your child's caregiver shall follow these procedures in caring for your Infant:

- ▽ Feed each infant and toddler on the child's own feeding schedule.
- ▽ All food and formula shall be labeled with the child's name, dated, and refrigerated (if needed).
- ▽ Ensure that formula prepared by the center is of the commercial, iron-enriched type and mixed according to the manufacturers directions.
- ▽ Provide formula or breast milk to all children as directed by the parent. (Milk substitutes may only be given under the written direction of the child's physician)
- ▽ Discard leftover milk or formula after each feeding and rinse the bottles after use.
- ▽ Offer drinking water to infants and toddlers several times daily.
- ▽ Hold a child whenever a bottle is given. Bottles may not be propped.
- ▽ Refrain from feeding children directly from commercial food container
- ▽ Commercial baby food containers shall be covered, dated, and refrigerated after they are opened. All baby food shall be used within 36 hours.
- ▽ Hold or place a child too young to sit in a high chair in an infant seat during feeding. Infants who are not developmentally-able to sit at tables and chairs shall be strapped into high chairs and infant seats.
- ▽ Encourage children to experiment with self-feeding with their hands and utensils scaled to the size and development of the child.
- ▽ Offer a variety of nourishing foods according to the child's developmental level and the parent's feeding schedule.

### ***Nutrition – Older Toddlers, Preschoolers, and School-Agers***

The center will provide three meals (breakfast, lunch, and dinner) and two snacks daily. All meals are prepared by the Social Development Commission and delivered to our center warm. Menus (and updates) are posted in your child's classroom and at the parent information area.

To encourage good table manners and conversation, our staff is required to sit with the children during mealtimes.

All meals and snacks will be nutritious and in accordance with State requirements. Parents may bring lunches for their children if they do not wish to receive the provided lunch: however, homemade lunches are required to be nutritious and in accordance with State requirements. These nutrition requirements will be given to all families choosing this option.

### ***Parental Roles & Responsibilities***

Our open-door policy welcomes our parents to visit and observe the center during anytime of the day. Parents are also welcome to provide suggestions that will enrich their child's education and development. Parents also reserve the right to view their child's entries in the medical and accident report logbooks.

To ensure the safety of the children, parents are asked to notify the center with any absence by way of oral communication, written communication, or telephone. Should the parent not notify the center of absence, our staff will give you a friendly telephone call to ensure your child's safety.

To further encourage parent and staff communication, teachers shall provide daily verbal or written messages. In addition, the center will offer open house nights. Parents will be given prior notification of such open houses.

### ***Personnel***

Quality staff is the key to quality care. Therefore, the staff is required to meet all educational requirements of the State of Wisconsin. They are all specifically trained in SIDS reduction, Shaken Baby Syndrome, and CPR. In addition, they must continue their education throughout the year by attending numerous workshops, classes, and conferences relating to the early childhood field. They must also pass a criminal background investigation and good health screening.

### ***Pets***

As part of our education program, teachers are allowed to keep 2 pets in their classrooms in which children may handle. Parents will be notified of the presence of pets by checking the classroom's parent board.

Pet choices are limited to fish, hamsters, and mice. All pets may remain in the classrooms as long as they are in good health and are conducive to a healthy classroom environment.

### ***Shaken Baby Syndrome***

Shaken Baby Syndrome, also known as SBS, is a serious brain injury which occurs when a frustrated caregiver shakes a child, usually to stop them from crying. It is considered a serious form of child abuse.

What are the symptoms of Shaken Baby Syndrome?

- ✓ Mild forms of irritability
- ✓ Poor feeding
- ✓ Vomiting
- ✓ Lethargy
- ✓ Breathing difficulties
- ✓ Seizures
- ✓ Coma

What is the future for a child with Shaken Baby Syndrome?

- |                          |                        |
|--------------------------|------------------------|
| ✓ Permanent Brain Damage | ✓ Cerebral Palsy       |
| ✓ Paralysis              | ✓ Blindness            |
| ✓ Deafness               | ✓ Seizures/Epilepsy    |
| ✓ Learning Disabilities  | ✓ Behavioral Disorders |
| ✓ Developmental Delays   | ✓ Coma or Death        |

How do we reduce the risk of Shaken Baby Syndrome at our center?

- ▽ All caregivers are trained, before they enter the classroom, in the recognition of Shaken Baby Syndrome reduction.
- ▽ All caregivers are monitored closely for developmentally-appropriate practices and child interaction.

How can parents reduce the risk of Shaken Baby Syndrome at home?

- ✓ Recognize the dangers of SBS
- ✓ Consider alternative options for dealing with a crying baby
- ✓ Educate anyone who cares for your child
- ✓ Develop and share a "Baby Plan" with caregivers listing steps to take when they become frustrated when a crying infant becomes intolerable.

### ***Sudden Infant Death Syndrome***

Sudden Infant Death Syndrome, also known as SIDS, is a sudden or unexplained death of a baby under the age of 1, and it is the leading cause of death in babies. To lower the risk of SIDS, it is important to place infants on their backs while sleeping. All of our infants are placed on their backs at nap time. Any parent request to have infants sleep on their stomach must be submitted in writing accompanied by a physician's written approval. When the child is awake, we do; however, allow for some "Tummy Time" throughout the day to help strengthen neck and shoulder muscles.

How do we reduce the risk of SIDS at our center?

- ▽ All caregivers are trained, before they enter the classroom, in the recognition of Sudden Infant Death Syndrome.
- ▽ All caregivers are monitored closely for developmentally-appropriate practices and child interaction.
- ▽ Place infants under 1 years old on their back for nap time
- ▽ All crib sheets fit tightly and mattresses are firm
- ▽ Keep cribs clear of all pillows, toys, and stuffed animals
- ▽ Keep a clear view of cribs - no obstructed views
- ▽ We maintain child/teacher ratios at all times
- ▽ Keep temperature consistent at all times

How can parents reduce the risk of SIDS at home?

- ✓ Never place a child on a pillow, waterbed, or other soft surface
- ✓ Keep temperature at a comfortable setting to avoid exhaustion
- ✓ Use a light blanket like a receiving blanket
- ✓ Pull blanket up to child's chest - keep face clear of blankets
- ✓ Avoid smoking, drinking, or drug use while pregnant
- ✓ Avoid baby's exposure your baby to secondhand smoke
- ✓ Receive regular prenatal care

### ***Termination***

Termination of a child's enrollment will happen under the following circumstances:

- Failure of parent to pay.

- Failure to complete required forms.
- Lack of parental cooperation.
- Failure of child to adjust to the center.
- Inability to meet child's needs without additional staff.

If a parent wishes to withdraw from the program, they must give a 2-week written notice and pay any outstanding balances.

## ***Transportation***

Transportation is available to various local schools by our center bus. Each year local West Allis/Milwaukee schools will have preference in transportation availability. Transportation to surrounding schools will be considered if times allow.

While transporting the children, the driver shall maintain the vehicle in a clean and safe manner. In addition, the driver shall use the following procedures:

- ▽ Driver shall maintain an attendance list by marking children in and out as children arrive and depart to/from the bus and to/from the center.
- ▽ Driver shall walk from the front to the back of the bus after all children have departed to look for children and belongings.
- ▽ Driver shall immediately notify the Center Director and the child's parent/guardian about any transportation absences.

The vehicle shall be inspected regularly to ensure high safety standards. The van shall be equipped with: children's emergency information, physician's phone numbers, parental consent for emergency medical treatment, route information, and a first-aid kit. All drivers shall be state licensed, over 21 years of age, and have at least 1 year of driving experience. A copy of the driver's driving record shall be kept on file with the center.

## ***Vacation & Sick Time***

Each child will receive day-off vouchers towards unpaid tuition each calendar year, pro-rated by their enrollment date. The day-off vouchers may be used for sickness, vacations, or holidays. To redeem your vouchers, simply complete the information on the voucher and place in the tuition box at the time the day off occurred. Please note that vouchers may not be used towards a 2-week notice. Day-off vouchers are given under the following scale:

Scheduled Days Per Week	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
1	8	7	6	5	4	3	2	1	1	0	0	0
2	9	8	7	6	5	4	3	2	1	1	0	0
3	10	9	8	7	6	5	4	3	2	1	1	0
4	11	10	9	8	7	6	5	4	3	2	1	1
5	12	11	10	9	8	7	6	5	4	3	2	1

## ***What to bring to the center?***

### Infants / Toddlers (Please label all items)

- \_\_\_\_\_ Diaper Bag
- \_\_\_\_\_ Bottles (sanitized) (# based on feeding schedule)
- \_\_\_\_\_ Diapers, Wipes, & Ointments, etc.
- \_\_\_\_\_ Change of Clothes (2) (including socks)
- \_\_\_\_\_ Formula (1 can) / Breast Milk
- \_\_\_\_\_ Pacifier
- \_\_\_\_\_ Blankets (2)
- \_\_\_\_\_ Sleeping Garment (night care only)
- \_\_\_\_\_ Snow Suit, Boots, Hat, & Mittens (winter months only)
- \_\_\_\_\_ Swim Suit, Towel, & Sunblock (summer months only)

### Preschoolers / School-Agers (Please label all items)

- \_\_\_\_\_ Backpack
- \_\_\_\_\_ Change of Clothes (including socks/undergarments)
- \_\_\_\_\_ Child-Size Blanket (Preschool only)
- \_\_\_\_\_ Sleeping Garment (night care only)
- \_\_\_\_\_ Snow Suit, Boots, Hat, & Mittens (winter months only)
- \_\_\_\_\_ Swim Suit, Towel, & Sunblock (summer months only)
- \_\_\_\_\_ Toothbrush w/Cover